State of New Hampshire
Department of Safety
Division of Fire Standards and Training & Emergency Medical Services

ALS TRAINING EQUIPMENT REQUEST

To be completed by the individual requesting the equipment listed below: (PLEASE PRINT)

Any NH Licensed EMS Instructor/Coordinators (I/C) ***** **OR** members of the New Hampshire EMS community *** may request ALS equipment for an appropriate training session by completing the following: (per ALS Lending Policy)

Name: _____ Title: _____

Organization: _____ Address of Training: _____

Phone #: _____ E-mail: _____

Date(s) equipment is requested for (15 days notice minimum): _____

Start Time: _____ End Time: _____

Intended use of this equipment: _____

IF NHBEMS authorized ALS training program, COURSE # _____

I have read the ALS Lending Policy and understand my responsibilities.

Signature _____ Date: _____

NHBEMS ALS EQUIPMENT BEING REQUESTED

Equipment Requiring a Prop Operator: (*** / ***)**

☐ MPL Megacode Child Manikin #_____

Equipment Requiring a Licensed EMS I/C: (*****)

☐ Advanced Airway Materials Kit #_____

☐ Airway Management Trainer (Adult) #_____

☐ Airway Management Trainer (Infant) #_____

☐ Cricoid Stick Model Kit #_____

☐ Cardiac Rhythm Generator Kit #_____

☐ Interosseous Infusion Leg Kit #_____

The Bureau of EMS will no longer be providing consumable supplies.

To be completed by NHBEMS:

*** Name of Prop Operator (PO) scheduled with the above equipment: _____

Whether I/C or PO: Pick-up Date: _____ Scheduled Return Date: _____

NHBEMS Staff Name: _____ [Initialed When Approved] _____

Date Returned: _____ Checked in by (Staff Name): _____